

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10686789</div>	Filing Date
				Applicant(s)	
<div style="display: flex; justify-content: space-between;"> 10-17-05 276-06 </div>				* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT
	Indep	Depend	Indep	Depend	Indep
1					
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48					
49					
50					
Total Indep	2		2		
Total Depend	34		37		
Total Claims	36		39		